

CLIENTS COPY

CONFIDENTIAL
2001 IT-203

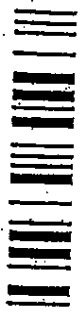
For office use only

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident
Income Tax Return

New York State • City of New York • City of Yonkers

For the year January 1, 2001, through December 31, 2001, or fiscal tax year beginning _____ 01
and ending _____



Important: You must enter your social security number(s).

| | | | | |
|-------------------------------|--|---|--------------------------------|--|
| ATTACH LABEL OR PRINT OR TYPE | Your First Name and Middle Initial ANUCHA | Your Last Name (for joint return, enter spouse's name below) BROWNE - SANDERS | Y Your Social Security Number | |
| | Spouse's First Name and Middle Initial | Spouse's Last Name | Y Spouse's Social Security No. | |
| | Mailing Address (number and street or rural route) REDACTED | | Apartment Number | NYS County of Residence • NR |
| | Permanent Home Address (see instructions) (number and street or rural route) | | Apartment Number | NYS School District Name • NR |
| | City, Village or Post Office | | State ZIP Code | New York State school district code number |

If Taxpayer is Deceased, Enter First Name and Date of Death

- (A) Filing status — mark an X in one box:
- 1 Single
 - 2 Married filing joint return
 - 3 Married filing separate return
 - 4 Head of household (with qualifying person)
 - 5 Qualifying widow(er) with dependent child
- * For filing status 2 or 3, enter both spouses' social security numbers above, unless filing Form IT-203-C (see instructions).*
- (B) Can you be claimed as a dependent on another taxpayer's federal return? Yes No
- (C) If you do not need forms mailed to you next year, mark an X in the box (see instructions)
- (D) City of New York part-year residents only: (see instructions)
- (1) Number of months you lived in New York City in 2001
- (2) Number of months your spouse lived in New York City in 2001

Enter federal amounts in the left-hand column and New York State amounts in the right-hand column. See instructions. Part-year residents: complete worksheet first.

| | Federal amount | | New York State amount |
|---|----------------|----|-----------------------|
| 1 Wages, salaries, tips, etc | | 1 | |
| 2 Taxable interest income | 163,158. | 2 | 163,158. |
| 3 Ordinary dividends | 39. | 3 | |
| 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23) | 366. | 4 | |
| 5 Alimony received | | 5 | |
| 6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040) | | 6 | |
| 7 Capital gain or loss (attach copy of federal Schedule D, Form 1040) | -13,326. | 7 | |
| 8 Other gains or losses (attach copy of federal Form 4797) | | 8 | |
| 9 Taxable amount of IRA distributions | | 9 | |
| 10 Taxable amount of pensions and annuities | | 10 | |
| 11 Rental RE, royalties, partnerships, S corps, trusts, etc (attach copy of fed Sch E, Form 1040) | | 11 | |
| 12 Farm income or loss (attach copy of federal Schedule F, Form 1040) | | 12 | |
| 13 Unemployment compensation | | 13 | |
| 14 Taxable amount of social security benefits (also enter on line 25) | | 14 | |
| 15 Other income Identify: | | 15 | |
| 16 Add lines 1 through 15 | | 16 | |
| 17 Total federal adjustments to income Identify: | 150,237. | 17 | 163,158. |
| 18 Subtract line 17 from line 16. This is your federal adjusted gross income | 150,237. | 18 | 163,158. |
| New York additions (see instructions) | | | |
| 19 Interest income on state and local bonds (but not those of New York State or its localities) | | 19 | |
| 20 Public employee 414(h) retirement contributions | | 20 | |
| 21 Other Identify: | | 21 | |
| 22 Add lines 18 through 21 | 150,237. | 22 | 163,158. |
| New York subtractions (see instructions) | | | |
| 23 Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above) | | 23 | |
| 24 Pensions of New York State and local governments and the federal government | | 24 | |
| 25 Taxable amount of social security benefits (from line 14 above) | | 25 | |
| 26 Interest income on U.S. government bonds | | 26 | |
| 27 Pension and annuity income exclusion (see instructions) | | 27 | |
| 28 Other Identify: | | 28 | |
| 29 Add lines 23 through 28 | | 29 | |
| 30 Subtract line 29 from line 22. This is your New York adjusted gross income. Enter here and next to line 43, income percentage. (If zero or less, see instructions) | 150,237. | 30 | 163,158. |

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Form IT-203 (2001) ANUCHA BROWNE-SANDERS

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| | | | |
|----|---|----|----------------------------------|
| 31 | Enter the amount from line 30, Federal amount column on page 1 (your NY adjusted gross income) | 31 | 150,237. |
| 32 | Enter the larger of your standard deduction (from instructions) or your itemized deduction (from Form IT-203-ATT, Schedule C, line 15; attach form). Mark an X in the appropriate box: <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Itemized | 32 | 32,304. |
| 33 | Subtract line 32 from line 31 (if line 32 is more than line 31, leave blank) | 33 | 117,933. |
| 34 | Exemptions for dependents only (not the same as total federal exemptions; see instructions) | 34 | 3,000.00 |
| 35 | Subtract line 34 from line 33. This is your taxable income | 35 | 114,933. |
| 36 | New York State tax on line 35 amount (if line 31 is \$100,000 or less, use the New York State tax table in the instructions for line 31; if more than \$100,000, you must complete Tax Computation Worksheet 1 or 2 in the instructions to figure your tax) | 36 | 7,873. |
| 37 | New York State Household Credit (from Table I, II, or III in the instructions) | 37 | |
| 38 | Subtract line 37 from line 36 (if line 37 is more than line 36, leave blank) | 38 | 7,873. |
| 39 | New York State Child and Dependent Care Credit (from line 14 of Form IT-216; attach form; see instrs) | 39 | 192. |
| 40 | Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 40 | 7,681. |
| 41 | New York State Earned Income Credit (from Form IT-215; attach form; see instructions) | 41 | |
| 42 | Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) This is your base tax | 42 | 7,681. |
| 43 | Income percentage (see instructions) | 43 | Carry result to 4 decimal places |
| | NYS amount from line 30: 163,158. Federal amount from line 30: 150,237. = | 43 | 1.0860 |
| 44 | Multiply line 42 by the decimal on line 43. This is your allocated New York State tax | 44 | 8,342. |
| 45 | New York State nonrefundable credits (from Form IT-203-B, line 48) | 45 | |
| 46 | Subtract line 45 from line 44 (if line 45 is more than line 44, leave blank) | 46 | 8,342. |
| 47 | Net other New York State taxes (from Form IT-203-B, line 23) | 47 | |
| 48 | Add lines 46 and 47. This is the total of your New York State taxes | 48 | 8,342. |
| 49 | Other city of New York taxes (from Form IT-203-B, line 26) | 49 | |
| 50 | City of Yonkers nonresident earnings tax (attach Form Y-203) | 50 | |
| 51 | Part-year Yonkers resident income tax surcharge (attach Form IT-303.1) | 51 | |
| 52 | Add lines 49 through 51. This is the total of your New York City and Yonkers taxes | 52 | |
| 53 | Voluntary gifts/contributions (whole dollar amounts only; see instructions) | 53 | 00 |
| | Return a Gift to Wildlife <input type="checkbox"/> w Olympic Fund <input type="checkbox"/> o Breast Cancer Research Fund <input type="checkbox"/> b Missing/Exploited Children Fund <input type="checkbox"/> c Alzheimer's Fund <input type="checkbox"/> a | 53 | |
| 54 | Add lines 48, 52, and 53. This is the total of your state and city taxes and gifts | 54 | 8,342. |
| 55 | Part-year city of New York school tax credit (also complete item D on page 1) | 55 | |
| 56 | Other refundable credits (from Form IT-203-B, line 65) | 56 | |
| 57 | Total New York State tax withheld (see instructions) | 57 | 10,435. |
| 58 | Total city of New York tax withheld (see instructions) | 58 | |
| 59 | Total city of Yonkers tax withheld (see instructions) | 59 | |
| 60 | Total of estimated tax payments, and amount paid with extension Form IT-370 | 60 | |
| 61 | Add lines 55 through 60. This is the total of your payments | 61 | 10,435. |
| 62 | Amount overpaid. If line 61 is more than line 54, subtract line 54 from line 61 (also see lines 63 and 64) | 62 | 2,093. |
| 63 | Amount of line 62 that you want refunded to you | 63 | 2,093. |
| | a Routing number: Refund <input type="checkbox"/> b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account number | 63 | |
| 64 | Estimated tax: Amount of line 62 that you want applied to your 2002 estimated tax (subtract line 63 from line 62) | 64 | |
| 65 | Amount you owe. If line 61 is less than line 54, subtract line 61 from line 54 (do not send cash; make check or money order payable to New York State Income Tax; write your social security number and 2001 Income Tax on it) | 65 | |
| 66 | Penalty for underpayment of tax (will reduce line 62 or increase line 65; see instructions) | 66 | |

REDACTED

See instructions for figuring city of New York and city of Yonkers taxes and surcharges.

Staple your wage and tax statements at the bottom of page 1 of this return. See Step 7 in the instructions for further instructions on assembling your return.

You can choose to have your refund sent directly to your bank account. See the instructions and fill in lines 63a, 63b, and 63c.

67 I authorize the Tax Department to discuss this return with the paid preparer listed below. (Mark the Yes or No box, see instructions) Yes No

| | | | | |
|--------------------------|---|------------------------|--|---------------------------------|
| Sign your return here | Your Signature | Date | Spouse's Signature (if joint claim) | Daytime Phone Number (optional) |
| Paid preparer's use only | Preparer's Signature | Date | Firm's Name (or yours, if self-employed) and Address | |
| | Check # self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN | EIN | |



New York State Department of Taxation and Finance

CONFIDENTIAL

Revised Income Allocation and Itemized Deduction
Attachment to Form IT-203

(Revised 12/01) **IT-203-ATT**

Name(s) as Shown on Form IT-203
ANUCHA BROWNE-SANDERS

Your Social Security Number

Occupation

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-203.

Schedule A – Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation. Two additional Schedule A sections are provided on page 2 of this form. If you are required to complete more than one Schedule A, total the amounts from line o on all the schedules and include this total on Form IT-203, line 1, in the *NYS amount* column.

Do not use this schedule for income based on the volume of business transacted. See the line 1 instructions if:

- * you had more than one job
- * you had a job for only part of the year
- * you and your spouse each had a job that requires allocation

| | | |
|---|---|-----|
| 1 a Total days (see instructions) | | 1 a |
| Non-working days included in line 1a: | 1 b Saturdays and Sundays (not worked) | 1 b |
| | 1 c Holidays (not worked) | 1 c |
| | 1 d Sick leave | 1 d |
| | 1 e Vacation | 1 e |
| | 1 f Other nonworking days | 1 f |
| | 1 g Total nonworking days (add lines 1b through 1f) | 1 g |
| 1 h Total days worked in year at this job (subtract line 1g from line 1a) | 1 h | |
| 1 i Total days included in line 1h worked outside NYS | 1 i | |
| 1 j Enter number of days worked at home included in line 1i amount | 1 j | |
| 1 k Days worked in NYS (subtract line 1j from line 1h) | 1 k | |
| 1 l Enter number of days from line 1h above | 1 l | |
| 1 m Divide line 1k by line 1l; carry result to four dec places | 1 m | |
| 1 n Wages, salaries, tips, etc (to be allocated) | 1 n | |
| 1 o Multiply line 1m by line 1n; this is your New York State allocated wage and salary income | 1 o | |

Incl the line 1o amount on Form IT-203, line 1, in the *NYS amount* column.

Schedule B – Living quarters maintained in New York State by a nonresident

If you or your spouse maintained living quarters in New York State during any part of the year, give address(es) below. Attach additional sheets if necessary. Check the box next to any living quarters still maintained for or by you.

REDACTED

Address(es)

Enter the number of days spent in New York State in 2001: days

Any part of a day spent in New York State is considered a day spent in New York State.

Schedule C – New York State itemized deduction Complete Schedule C only if you itemized deductions on your federal return (see instructions).

| | | | |
|----|---|----|---------|
| 1 | Medical and dental expenses (from federal Schedule A, line 4) | 1 | |
| 2 | Taxes you paid (from federal Schedule A, line 9) | 2 | 20,028. |
| 3 | Interest you paid (from federal Schedule A, line 14) | 3 | 20,526. |
| 4 | Gifts to charity (from federal Schedule A, line 18) | 4 | 4,090. |
| 5 | Casualty and theft losses (from federal Schedule A, line 19) | 5 | |
| 6 | Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26) | 6 | |
| 7 | Other miscellaneous deductions (from federal Schedule A, line 27) | 7 | |
| 8 | Total itemized deductions (from federal Schedule A, line 28) | 8 | 44,125. |
| 9 | State, local, and foreign income taxes and other subtraction adjustments (see instructions) | 9 | 11,783. |
| 10 | Subtract line 9 from line 8 | 10 | 32,342. |
| 11 | College tuition itemized deduction (see Important Notice N-01-22) | 11 | |
| 12 | Addition adjustments (see instructions) | 12 | |
| 13 | Add lines 10, 11, and 12 | 13 | 32,342. |
| 14 | Itemized deduction adjustment (see instructions) | 14 | 38. |
| 15 | Subtract line 14 from line 13. This is your New York itemized deduction | 15 | 32,304. |

If the amount on line 15 is more than the New York State standard deduction for your filing status, enter the line 15 amount on Form IT-203, line 32, and mark an X in the *Itemized* box next to line 32.

Note: Lines for other taxes and tax credits that were on Form IT-203-ATT prior to 2000 may be found on Form IT-203-B, *Other New York State and City of New York Taxes and Tax Credits*.

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Form IT-203-ATT (2001) (Revised 12/01) ANUCHA BROWNE-SANDERS

Schedule D - College tuition itemized deduction worksheet (Use the instructions for Schedule D in Important Notice N-01-22. If you need a copy of N-01-22, call 1 800 462-8100. From areas outside the U.S. and outside Canada call (518) 485-6800.) Complete columns A through E below for each eligible student for whom you paid qualified college tuition expenses. Attach additional sheets if necessary.

| A Name of eligible student | B Social security number | C Name and address of college/university | D Amount of qualified college tuition expenses paid during 2001 (see N-01-22) | E Enter the lesser of column D or \$10,000 |
|-------------------------------|-----------------------------|---|--|---|
| REDACTED | | | \$ | \$ |
| REDACTED | | | \$ | \$ |
| REDACTED | | | \$ | \$ |

1 Add column E amounts (include amounts from any additional sheets)

2 Multiply line 1 by 25% (.25). This is your college tuition itemized deduction. Also enter this amount on Schedule C, line 11, on page 1 of this form

Schedule A - Allocation of wage and salary income to New York State

2 a Total days (see instructions)

Non-working days included in line 2a:

2 b Saturdays and Sundays (not worked)

2 c Holidays (not worked)

2 d Sick leave

2 e Vacation

2 f Other nonworking days

2 g Total nonworking days (add lines 2b through 2f)

2 h Total days worked in year at this job (subtract line 2g from line 2a)

2 i Total days included in line 2h worked outside New York State

2 j Enter number of days worked at home included in line 2i amount

2 k Days worked in New York State (subtract line 2i from line 2h)

2 l Enter number of days from line 2h above

2 m Divide line 2k by line 2l; carry the result to four decimal places

2 n Wages, salaries, tips, etc (to be allocated)

2 o Multiply line 2m by line 2n; this is your New York State allocated wage and salary income. Include the line 2o amount on Form IT-203, line 1, in the New York State amount column.

Schedule A - Allocation of wage and salary income to New York State

3 a Total days (see instructions)

Non-working days included in line 3a:

3 b Saturdays and Sundays (not worked)

3 c Holidays (not worked)

3 d Sick leave

3 e Vacation

3 f Other nonworking days

3 g Total nonworking days (add lines 3b through 3f)

3 h Total days worked in year at this job (subtract line 3g from line 3a)

3 i Total days included in line 3h worked outside New York State

3 j Enter number of days worked at home included in line 3i amount

3 k Days worked in New York State (subtract line 3i from line 3h)

3 l Enter number of days from line 3h above

3 m Divide line 3k by line 3l; carry the result to four decimal places

3 n Wages, salaries, tips, etc (to be allocated)

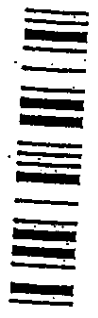
3 o Multiply line 3m by line 3n; this is your New York State allocated wage and salary income. Include the line 3o amount on Form IT-203, line 1, in the New York State amount column.

If you need to allocate wage and salary income from more than three jobs, attach additional copies of this form.

This is a scannable form; please file this original form with your return.

Claim for Child and Dependent Care Credit

2001 IT-216



Important: You must enter your social security number(s) in the area to the right.

| | | | |
|---|---|--|---------------------------------|
| P R I N T O R T Y P E | Your First Name and Middle Initial ANUCHA | Your Last Name (for joint claim, enter SP's name) BROWNE-SANDERS | Your Social Security Number |
| | Spouse's First Name and Middle Initial | Spouse's Last Name | Spouse's Social Security Number |
| | Mailing Address (number and street or rural route) | | Apartment Number |

REDACTED

1 Have you already filed your 2001 New York State income tax return? Yes No

If No, you must file this claim with a return.

2 Persons or organizations who provided the care (if you have more than two providers, see instructions)

| (A) Care provider's first name, middle initial, and last name | (B) Address | (C) Identifying number (SSN or EIN) | (D) Amount paid (see instructions) |
|--|------------------------------------|--|---------------------------------------|
| SUMMIT YMCA | 67 MAPLE STREET SUMMIT NJ 07901 | 221-48-7392 | 5,755. |
| | | | |

3 List below the qualifying persons you are claiming. (If you have more than two qualifying persons, check here and see instructions)

| First name and middle initial | Last name | Qualified expenses paid in 2001 | Person with disability* | Social security number | Year of birth |
|-------------------------------|-----------|---------------------------------|--------------------------|------------------------|---------------|
| | | 2,775. | <input type="checkbox"/> | | |
| | | 2,980. | <input type="checkbox"/> | | |

*See instructions.

4 Can you claim an exemption for all the qualified persons listed on line 3 above? Yes No

5 Enter the lesser of:

- Qualified expenses you incurred and paid in 2001, or
- \$2,400 if one qualifying person; \$4,800 if two or more qualifying persons (see instructions)

Note: If you are claiming expenses paid for a dependent child born in 1988, enter that child's birth month here . Include as qualified expenses only those paid from January 1, 2001, through the day preceding the child's 13th birthday.

5

6 Enter your earned income (see instructions) 6

7 If your filing status is (2) married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) 7

8 Enter the smallest of line 5, 6, or 7 8

9 Enter the amount from: federal Form 1040A, line 20, or federal Form 1040, line 34 9

10 Enter on line 10 the decimal amount shown below that applies to the amount on line 9

| If line 9 is - | | | If line 9 is - | | |
|----------------|--------------|-------------------|----------------|--------------|-------------------|
| Over | But not over | Decimal amount is | Over | But not over | Decimal amount is |
| \$0 | 10,000 | .30 | \$20,000 | 22,000 | .24 |
| 10,000 | 12,000 | .29 | 22,000 | 24,000 | .23 |
| 12,000 | 14,000 | .28 | 24,000 | 26,000 | .22 |
| 14,000 | 16,000 | .27 | 26,000 | 28,000 | .21 |
| 16,000 | 18,000 | .26 | 28,000 | No limit | .20 |
| 18,000 | 20,000 | .25 | | | |

10

11 Multiply line 8 by the decimal amount on line 10. This is your federal Child and Dependent Care Credit. Enter here and on line 12 on page 2 of this form 11

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Form IT-216 2001

PLU 4316

Form IT-216 (2001) ANUCHA BROWNE-SANDERS

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Page 2

- 12 Amount from page 1, line 11 12 | 960
- 13 Enter below your New York adjusted gross income (Form IT-200 filers, from Worksheet 2 in the Form IT-216 instructions; Form IT-201 filers, line 33; Form IT-203 filers, line 31)
New York adjusted gross income 150,237
- Use the New York State child and dependent care credit limitation table in the instructions to determine the decimal to be entered on this line 13 | 0.200
- 14 Multiply line 12 by the decimal amount on line 13. This is your New York State Child and Dependent Care Credit (see instructions) 14 | 192

Part-year residents must complete lines 15 - 22 and sign below. All others stop here and sign below.

- 15 Enter the amount from Form IT-203, line 38 15
- If line 15 is equal to or more than line 14, stop. You do not have excess credit. If line 15 is less than line 14, continue on line 16 below.
- 16 Subtract line 15 from line 14. This is your excess Child and Dependent Care Credit 16
- 17 Enter the amount from Form IT-203-B, line 19, (if you are not required to file Form IT-203-B, enter 0) and continue on line 18 below 17
- If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-B, line 20. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-B, line 20, and continue on line 18 below.
- 18 Subtract line 17 from line 16. This is your remaining excess Child and Dependent Care Credit 18
- 19 Enter amount from Part-Year Resident Income Allocation Worksheet, column B, line 18, from your Form IT-203 instruction booklet 19
- 20 Enter amount from Part-Year Resident Income Allocation Worksheet, column A, line 18, from your Form IT-203 instruction booklet 20
- 21 Divide line 19 by line 20 (carry the result to four decimal places). This amount cannot exceed 100% (1.0000) 21
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-B, line 49. This is the refundable portion of your part-year resident Child and Dependent Care Credit 22

| | | | | |
|--------------------------|--|------------------------|---|---------------------------------|
| Sign here | Your Signature | Date | Spouse's Signature (if joint claim) | Daytime Phone Number (optional) |
| | Preparer's Signature | Date | Firm's Name (for yours, if self-employed) and Address | |
| Paid preparer's use only | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN | EMT | |
| | | | | |

REDACTED

Need help?
Telephone assistance is available from 8:30 am to 4:25 pm (eastern time), Monday through Friday. For tax information, call toll free 1 800 225-5829. To order forms and publications, call toll free 1 800 462-8100.

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11/14/02 01/10/02

PLU4317

Form IT-216 2001



State of New Jersey Income Tax - Resident Return
Homestead Rebate Application

For Privacy Act Notification, see instructions
 For tax year Jan - Dec 2001 or other tax year

beginning _____, 2001, month ending _____

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This is Page 1 of Your 2001 NJ-1040/HR-1040. It Must be Filed in Order for Your Return to be Processed

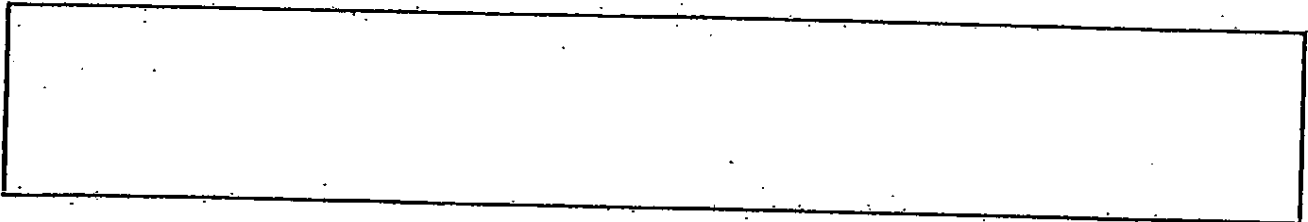
1030

Name and Address
 BROWNESANDERS ANUCHA BROW

0706

CLIENT'S COPY CONFIDENTIAL

| | | | | | | | |
|-----|--------|-----|--------|-----|------|-----|--------|
| 001 | 00 | 014 | 163158 | 038 | 5962 | 008 | 163563 |
| EXT | 0 | 15a | 39 | 039 | 5947 | 009 | 0 |
| FS | 4 | 15b | 0 | 041 | 0 | MS | 0 |
| 006 | 1 | 016 | 366 | 042 | 15 | 010 | 163563 |
| 007 | 1 | 017 | 0 | 043 | 0 | 012 | 0 |
| 008 | 0 | 018 | 0 | 044 | 50 | 13B | 0 |
| 009 | 3 | 19a | 0 | 045 | 0 | 13L | 0 |
| 010 | 0 | 19b | 0 | 046 | 0 | 13Q | 0 |
| 011 | 0 | 19c | 0 | 047 | 0 | 14a | 0 |
| 12a | 2 | 020 | 0 | 048 | 0 | 14b | 0 |
| 12b | 3 | 021 | 0 | 049 | 50 | 14c | 0 |
| 13F | 000000 | 022 | 0 | 050 | 0 | 14d | 0 |
| 13T | 000000 | 023 | 0 | 051 | 35 | 015 | 0 |
| GEF | 1 | 024 | 0 | 052 | 0 | 16a | 0 |
| DNM | 0 | 025 | 0 | 053 | 0 | 16b | 0 |
| 22C | 0 | 026 | 163563 | 054 | 0 | 017 | 0 |
| 22I | 0 | 028 | 0 | 055 | 0 | 18a | 0 |
| PA | 0 | 30c | 6500 | 056 | 0 | 18b | 0 |
| VC | 1030 | 031 | 0 | 057 | 0 | EI1 | 0 |
| | | 032 | 0 | 058 | 0 | EI2 | 0 |
| | | 033 | 0 | 58C | 0 | EI3 | 0 |
| | | 036 | 0 | 059 | 0 | EI4 | 0 |
| | | 037 | 157063 | 060 | 35 | | 0 |



Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements; and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 50 in full. Write social security number on check or money order and make payable to:
 State of New Jersey - TGI

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:
 NJ Division of Taxation Revenue Processing Center, P.O. Box 111, Trenton, NJ 08645-0111

If Refund:
 NJ Division of Taxation, Revenue Processing Center, P.O. Box 555, Trenton, NJ 08647-0555

| | | |
|---------------------------|--|--|
| Your Signature | Date | Spouse's Signature (If filing jointly, both must sign) |
| | 04/11/02 | |
| Paid Preparer's Signature | Federal Identification Number | |
| Firm's Name | Federal Employer Identification Number | |

2001
09

Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor
ANUCHA BROWNE-SANDERS

Social Security Number (SSN)

A Principal Business or Profession, Including Product or Service (see instructions)

DIRECT MARKETING

REDACTED

B Enter Code from Instructions
454390

C Business Name, If No Separate Business Name, Leave Blank.

D Employer ID Number (EIN), if Any

E Business Address (including suite or room no.)
City, Town or Post Office, State, and ZIP Code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you 'materially participate' in the operation of this business during 2001? If 'No,' see instructions for limit on losses ... Yes No

H If you started or acquired this business during 2001, check here

Part I Income

| | | |
|---|---|--|
| 1 | Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here | |
| 2 | Returns and allowances | |
| 3 | Subtract line 2 from line 1 | |
| 4 | Cost of goods sold (from line 42 on page 2) | |
| 5 | Gross profit. Subtract line 4 from line 3 | |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund | |
| 7 | Gross income. Add lines 5 and 6 | |

Part II Expenses. Enter expenses for business use of your home only on line 30.

| | | | | | | | |
|------|--|------|-------|------|--|----|---------|
| 8 | Advertising | 8 | 480 | 19 | Pension and profit-sharing plans | 19 | |
| 9 | Bad debts from sales or services (see instructions) | 9 | | 20 | Rent or lease (see instructions): | | |
| 10 | Car and truck expenses (see instrs) | 10 | 6,160 | 20 a | a Vehicles, machinery, and equipment | | |
| 11 | Commissions and fees | 11 | | 20 b | b Other business property | | |
| 12 | Depletion | 12 | | 21 | Repairs and maintenance | | |
| 13 | Depreciation and Section 179 expense deduction (not included in Part III) (see instructions) | 13 | 698 | 22 | Supplies (not included in Part III) | | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 23 | Taxes and licenses | | |
| 15 | Insurance (other than health) | 15 | | 24 | Travel, meals, and entertainment: | | |
| 16 | Interest: | | | 24 a | a Travel | | |
| 16 a | a Mortgage (paid to banks, etc) | 16 a | | | b Meals and entertainment | | |
| 16 b | b Other | 16 b | | | c Enter nondeductible amount included on line 24b (see instrs) | | |
| 17 | Legal & professional services | 17 | 275 | 24 d | d Subtract line 24c from line 24b | | |
| 18 | Office expense | 18 | | 25 | Utilities | | |
| 25 | | | | 26 | Wages (less employment credits) | | |
| 26 | | | | 27 | Other expenses (from line 48 on page 2) | | |
| 27 | | | | 28 | Total expenses before expenses for business use of home. Add lines 8 through 27 in columns | | 5,713 |
| 28 | | | | 29 | | | 13,326 |
| 29 | Tentative profit (loss). Subtract line 28 from line 7 | | | 30 | | | -13,326 |
| 30 | Expenses for business use of your home. Attach Form 8829 | | | 31 | | | -13,326 |
| 31 | Net profit or (loss). Subtract line 30 from line 29 | | | | | | |

If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

If you checked 32b, you must attach Form 6198.

32 a All investment is at risk.

32 b Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Page 2 and Page 3 Must be Enclosed With Page 1 of Your 2001 NJ-1040/HR-1040

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Page 2

Form NJ-1040/HR-1040 (2001)

Name **REDACTED** Social Security Number _____
BROWNE-SANDERS, ANUCHA

Filing Status 1 Single 2 Married, filing joint return 3 Married, filing separate return 4 Head of Household 5 Qualifying widow(er)

Exemptions 6 Regular 7 Age 65 or over 8 Blind or disabled 9 Number of qualified dependent children 10 Number of other dependents 11 Dependents attending colleges 12 Totals (line 12a - add lines 6, 7, 8 and 11) (line 12b - add lines 9 and 10)

Residency Status 13 If you were a New Jersey resident for only part of the taxable year, give the period of New Jersey residency: From _____ To _____
 Month Day Year Month Day Year

Gubernatorial Elections Fund Do you wish to designate \$1 of your taxes for this fund? Yes No
 If joint return, does your spouse wish to designate \$1? Yes No

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| | | | |
|------|--|------|-----------|
| 14 | Wages, salaries, tips, and other employee compensation (enclose W-2) | 14 | 163,158. |
| 15 a | Taxable interest income | 15 a | 39. |
| 15 b | Tax exempt interest income. Do not include on line 15a | 15 b | |
| 16 | Dividends | 16 | 366. |
| 17 | Net profits from business (enclose copy of federal Schedule C, Form 1040) | 17 | 0. |
| 18 | Net gains or income from disposition of property (Schedule B, line 4) | 18 | |
| 19 a | Pensions, annuities and IRA withdrawals Taxable amount received | 19 a | |
| 19 b | Less New Jersey pension exclusion | 19 b | |
| 19 c | Subtract line 19b from line 19a | 19 c | |
| 20 | Distributive share of partnership income (see instructions) | 20 | |
| 21 | Net pro rata share of S corporation income (see instructions) | 21 | |
| 22 | Net gain or income from rents, royalties, patents and copyrights (Schedule C, line 3) | 22 | |
| 23 | Net gambling winnings | 23 | |
| 24 | Alimony and separate maintenance payments received | 24 | |
| 25 | Other (see instructions) | 25 | |
| 26 | Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25) | 26 | 163,563. |
| 27 | This line is not used on computer generated returns | 27 | |
| 28 | Other retirement income exclusion (see worksheet and instructions) | 28 | 0. |
| 29 | New Jersey gross income (subtract line 28 from line 26). See instructions | 29 | 163,563. |
| 30 a | Exemptions: From line 12a <u>2</u> x \$1,000 = <u>2,000.</u> | | |
| 30 b | From line 12b <u>3</u> x \$1,500 = <u>4,500.</u> | | |
| 30 c | Total exemption amount (add line 30a and line 30b). Part-year residents see instructions | 30 c | 6,500. |
| 31 | Medical expenses/medical savings account contributions (see worksheet and instructions) | 31 | |
| 32 | Alimony and separate maintenance payments | 32 | |
| 33 | Qualified conservation contribution | 33 | |
| 34 | Total exemptions and deductions (add lines 30c, 31, 32 and 33) | 34 | 6,500. |
| 35 | Taxable income (subtract line 34 from line 29). If zero or less, make no entry | 35 | 157,063. |
| 36 | Property tax deduction (see instructions) | 36 | |
| 37 | New Jersey Taxable Income (subtract line 36 from line 35). If zero or less, Make No Entry | 37 | 157,063. |
| 38 | Tax (from tax tables in the instructions) | 38 | 5,962. |
| 39 | Credit for income taxes paid to other jurisdictions (see instructions) | 39 | 5,947. |
| 40 | Balance of tax (subtract line 39 from line 38) | 40 | 15. |
| 41 | Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero | 41 | 0. |
| 42 | Total tax (add line 40 and line 41) | 42 | 15. |
| 43 | Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R) | 43 | |
| 44 | Property tax credit (see instructions) | 44 | 50. |
| 45 | New Jersey estimated tax payments/credit from 2000 tax return Check <input type="checkbox"/> if Form NJ-2210 is enclosed. | 45 | |
| 46 | New Jersey Earned Income Tax Credit | 46 | |
| 47 | Excess New Jersey UI/HC/WD withheld (see instructions) (enclose Form NJ-2450) | 47 | |
| 48 | Excess New Jersey disability insurance withheld (see instructions) (enclose Form NJ-2450) | 48 | |
| 49 | Total payments/credits (add lines 43 through 48) | 49 | 150,430.8 |

Name(s) as Shown on Form NJ-1040

BROWNE-SANDERS, ANUCHA

CONFIDENTIAL

Your Social Security Number

Schedule A Credit for Income or Wage Taxes Paid to Other Jurisdiction

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.

A Copy of Other State or Political Subdivision Tax Return Must be Enclosed with Form NJ-1040

| | | | | | |
|---|--|----|-----------------|---|----------|
| 1 | Income actually taxed by other jurisdiction during tax year (indicate name New York) | | | | |
| (Do not combine the same income taxed by more than one jurisdiction). (The amount on line 1 cannot exceed the amount shown on line 2) | | | | | |
| 2 | Income subject to tax by New Jersey (from line 29, Form NJ-1040) | | REDACTED | 1 | 163,158. |
| 3 | Maximum allowable credit percentage | 1 | 163,158. | 2 | 163,563. |
| | (Divide line 2 into line 1) | 2 | 163,563. | 3 | 99.75% |
| If You are Not Eligible for a Property Tax Benefit Only Complete Column B. | | | | | |
| 4 | Taxable income (after exemptions and deductions) from line 35, Form NJ-1040 | 4 | 157,063. | 4 | 157,063. |
| 5 | Property tax and deduction Enter property tax or 18% of rent due and paid in 2001. See instructions Eligible amount (box 5a or \$10,000, whichever is less). See instructions | 5a | 8,106. | 5 | 8,106. |
| 6 | New Jersey taxable income (line 4 minus line 5) | 6 | 148,957. | 6 | -0- |
| 7 | Tax on line 6 amount (from Tax Tables or Tax Rate Schedules) | 7 | 5,455. | 7 | 5,962. |
| 8 | Allowable credit (line 3 times line 7) | 8 | 5,441. | 8 | 5,947. |
| 9 | Credit for taxes paid to other jurisdiction Enter in box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on line 1. See instructions Credit allowed. (Enter lesser of line 8 or box 9a). (The credit may not exceed your New Jersey tax on line 38) | 9a | 8,372. | 9 | 5,441. |

- If you are not eligible for a property tax benefit, enter the amount from line 9, column B, on line 39, Form NJ-1040. Make no entry on lines 36 or 44, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F in the instructions to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B Net Gains or Income from Disposition of Property

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

| 1 | a Kind of Property and Description | b Date Acquired (month, day, year) | c Date Sold (month, day, year) | d Gross Sales Price | e Cost or Other Basis as Adjusted (see instructions) and Expense of Sale | f Gain or (loss) (d less e) |
|---|---|------------------------------------|--------------------------------|---------------------|--|-----------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Capital gains distributions | | | | | 2 |
| 3 | Other net gains | | | | | 3 |
| 4 | Net gains (add lines 1, 2, and 3) (enter here and on line 18. If loss enter zero here and make no entry on line 18) | | | | | 4 |

Schedule C Net Gain or Income from Rents, Royalties, Patents and Copyrights

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your federal income tax return. If you have passive losses for federal purposes, see instructions.

| 1 | a Kind of Property | b Net Rental Income (loss) | c Net Income from Royalties | d Net Income from Patents | e Net Income from Copyrights | |
|---|--|----------------------------|-----------------------------|---------------------------|------------------------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Totals | b | c | d | e | |
| 3 | Net income (combine columns b, c, d, and e). (Enter here and on line 22. If loss enter zero here and make no entry on line 22) | | | | | 3 |

Schedule C (Form 1040) 2001 ANUCHA BROWNE-SANDERS

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Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation Yes No

36 Purchases less cost of items withdrawn for personal use **REDACTED**

37 Cost of labor. Do not include any amounts paid to yourself

38 Materials and supplies

39 Other costs

40 Add lines 35 through 39

41 Inventory at end of year

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4

| | |
|----|--|
| 35 | |
| 36 | |
| 37 | |
| 38 | |
| 39 | |
| 40 | |
| 41 | |
| 42 | |

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) 02/13/2001

44 Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:
 a Business 17,856 b Commuting _____ c Other 18,130

45 Do you (or your spouse) have another vehicle available for personal use? Yes No

46 Was your vehicle available for personal use during off-duty hours? Yes No

47 a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8 - 26 or line 30.

| | |
|--|--------|
| TELEPHONE | 1,623. |
| BOOKS, SUBSCRIPTIONS | 1,720. |
| INTERNET | 263. |
| POSTAGE | 264. |
| PARKING & TOLLS | 149. |
| PROFESSIONAL DUES | 1,694. |
| | |
| | |
| | |
| 48 Total other expenses. Enter here and on page 1, line 27 | 5,713. |

Page 2 and Page 3 Must be Enclosed With Page 1 of NJ-1040HR-1040

Form NJ-1040/HR-1040 (2001)

REDACTED

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Name **BROWNE-SANDERS, ANUCHA** Social Security Number _____

50 If payments (line 49) are less than tax (line 42) enter amount of tax you owe 50 _____
 If you owe tax, you may make a donation by entering an amount on lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount

51 If payments (line 49) are more than tax (line 42) enter overpayment 51 _____ 35 .

Note: An Entry on Lines 52, 53, 54, 55, 56, 57 and/or 58 Will Reduce Your Tax Refund.

Deductions from overpayment on line 51 which you elect to credit to:

52 Your 2002 tax 52 _____

53 NJ Endangered Wildlife Fund \$10 \$20 Other 53 _____

54 NJ Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other 54 _____

55 NJ Vietnam Veterans' Memorial Fund \$10 \$20 Other 55 _____

56 NJ Breast Cancer Research Fund \$10 \$20 Other 56 _____

57 U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other 57 _____

58 Other designated contribution \$10 \$20 Other 58 _____

59 Total deductions from overpayment (add lines 52 through 58) 59 _____

60 Refund (amount to be sent to you, line 51 less line 59) 60 _____ 35 .

Direct Deposit Information (Only for returns with 2-D barcodes)

'1' for Refund only, '2' for Homestead rebate only, '3' for both and '4' for no Type of account ('C' for Checking, 'S' for Savings)

Check routing number _____ Account number _____

Earned Income Tax Credit Schedule

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the federal Earned Income Credit for 2001, your gross income on line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer 'No' to question 1 below. See instructions.

1 Did you file a 2001 federal Schedule EIC, on which you listed at least one 'qualifying child'? Yes No

2 Fill in the box if you had the IRS figure your federal Earned Income Credit

3 Enter the amount of federal Earned Income Credit from your 2001 federal Form 1040 or 1040A 3 _____

4 Enter 15% of amount on line 3 here and on page 2, line 46 4 _____

2001 HR-1040 Homestead Rebate Application

7 On December 31, 2001 I (and/or my spouse) was: Age 65 or older Blind or disabled Not 65 or blind or disabled
 Fill in only one box. See instructions.

8 Enter the gross income you reported on line 29, Form NJ-1040 or see instructions 8 _____ 163,563 .

9 If your filing status is married, filing separate return and you and your spouse maintain the same principal residence enter the gross income reported on your spouse's return (line 29, Form NJ-1040) and check this box

10 Total gross income (add line 8 and line 9) 10 _____ 163,563 .

Stop - If Line 10 is More Than \$100,000, You are not Eligible for a Rebate.

11 Enter your New Jersey residence on Dec 31, 2001 if different than above. If you were not a resident on Dec 31, 2001 enter your last New Jersey residence.
 Street Address _____ Municipality _____

12 Check your residency status during 2001: a Homeowner b Tenant c Both

13 If you checked 'Homeowners' or 'Both' on line 12, enter the block and lot number of the residence for which the rebate is claimed.
 Block _____ Lot _____ Qualifier _____

14a Did you live at more than one New Jersey residence during the year? Yes No

b Did you share ownership of a principal residence during the year with anyone, other than your spouse? Yes No

c Did any principal residence you owned during the year consist of multiple dwelling units? Yes No

d Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year? Yes No

Home Owner 15 Total 2001 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2001 15 _____

16a Total property taxes paid (Schedule HR-A, Part I, line 5) 16a _____

b Number of days as an owner (Schedule HR-A, Part I, line 4) 16b _____

17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 2001 17 _____

Tenant 18a Total rent paid (Schedule HR-A, Part II, line 11) 18a _____

b Number of days as a tenant (Schedule HR-A, Part II, line 10) 18b _____

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

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